

coughed or exerted himself the urine would escape. This condition became worse gradually until he had no control of the bladder, and was obliged to wear a urinal. Sexual desire was not weakened, but the dribbling of the urine prevented the sexual act. The rectal sphincter functionated feebly and a call to stool was urgent. His gait and station were good. The lower limbs were well developed, but the man felt weaker than before the accident. The left side of the scrotum, the left side of the perineum, and the left buttock near the anus had fully normal sensation to touch and pin prick; whereas the right side of the scrotum except the upper outer portion, the right buttock in a small area near the anus, and to a less degree the right side of the perineum, showed diminished sensation to touch and pin prick. The right side of the penis also was less sensitive than the left side. The sensation of the testicles was normal. The patellar reflexes were prompt but the Achilles reflexes were slight. Babinski's sign was not present. The upper part of the body was not affected. The lesion seemed to be in the lower sacral roots, and may have been confined to one side because of the unilaterality of the disturbance of sensation in the supply of these roots. This unilaterality seemed to indicate that the lesion was not in the conus. The cause of the symptoms was probably stretching of the lower sacral roots of one side by excessive straining in lifting a heavy weight while bending forward.

GELATINOID CARCINOMA (MORBUS GELATINOSUS) OF THE PERITONEUM.¹

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THE special interest in this case is concerned with several points: (1) It is an example of ascites existing over a long period and requiring a large number of tapplings. (2) The problem of diagnosis. (3) The character of the peritoneal fluid. (4) The interpretation of the autopsy findings.

The history is as follows: G. B., a colored man, aged thirty-eight years, a butcher by occupation, was admitted to the Jefferson Hospital first on February 21, 1911.

¹ Read at the meeting of the Association of American Physicians, May, 1915.

- Lejars. *Semaine méd.*, 1912, xxxii, 589.
 Levin. *Jour. Exp. Med.*, 1911, xiv, 139; No. 4, xiii, 604.
 Levin and Sittenfield. *Jour. Exp. Med.*, 1911, No. 4, xiii, 511; xiv, 148.
 Lunckenbein. *München. med. Wchnschr.*, September 2, 1913.
 MacCarthy and McGrath. *Surg. Gyn. and Obstet.*, March, 1911.
 McConnell. *International Clinics*, vol. ii, 20th series.
 Merkel. *Lubarsch and Ostertag's Ergebnisse*, 1903, Abt. 2, S. 965.
 Merkel. *München. med. Wchnschr.*, 1904, p. 1360.
 Müller. *Inaug. Dissert.*, Griefswald, 1913.
 Oberndorfer. *Verhandl. d. deutsch. path. Gesellsch.*, 1906, p. 235.
 Ogilvie. *Jour. Am. Med. Assn.*, 1915, lxiv, 657.
 Paczek. *Wien. klin. Rundsch.*, July 6, 1913.
 Pean, cited by Goursolas. *Thèse de Lyon*, 1911.
 Pye-Smith. *Trans. Path. Soc., London*, 1893, xlv, 116.
 Rous and Murphy. *Jour. Exp. Med.*, 1912, xv, 270.
 Russell. *Fifth Scientific Report on the Investigations of the Imperial Cancer Research Fund*, London, 1912.
 Sabrazès. *Compt. rend. Soc. de biol.*, Paris, 1911, ii, 474.
 Sobolew. *Frankft. Ztschr. f. Path.*, 1913, xiii, 344.
 Theilhaber. *Deutsch. med. Wchnschr.*, June 27, 1912.
 Trotter. *Brit. Med. Jour.*, 1910, i, 687.
 Tsurumi. *Jour. Path. and Bact.*, 1915, vol. xx.
 Turner. *Brit. Med. Jour.*, 1912, i, 229.
 Weil. *Jour. Exp. Med.*, 1913, xviii, 390.
 Weil. *Jour. Med. Research*, August, 1910, p. 85.
 Werth. *Arch. f. Gynäk.*, 1884, vol. xxiv.
 Wilson. *Lancet*, 1912, ii, p. 1496.
 Notes chirurgicales: *Semaine méd.*, 1912, No. 31, p. 368.

THE CLINICAL RELATIONS OF GRAVITY, POSTURE AND CIRCULATION.

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THE vascular mechanism is everywhere in a state of "tone" by which its capacity is actively reduced. Were the physiological tone to be released the capacity of the blood channels in the splanchnic area alone would be sufficient to contain all the blood and the circulation would come to an end in the erect posture because no fluid could reach the heart.

This tonicity of the vascular bed is what keeps the blood from stagnating in the capacious reservoirs of the abdomen under the influence of gravitation. It is essentially a vital phenomenon. There is a distinction between the regulating mechanisms for the preservation of tone in the arteries as contrasted with the veins of the splanchnic system, but an essential adjunct to the proper function of the veins is the mechanical support afforded by the normal tension of the abdominal wall.

Physiologists have supplied us with fundamental data for the apprehension of the hydrostatic disorders of the circulation.